| Effective October 1, 2000          |                                                                                                                                                                                                                                                                  |                                            |                                         |                      |                                     |                                 |          |                       |      |                        |       |                  |                        |
|------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|-----------------------------------------|----------------------|-------------------------------------|---------------------------------|----------|-----------------------|------|------------------------|-------|------------------|------------------------|
| CLAIMS AS FILED - PART (Column 1)  |                                                                                                                                                                                                                                                                  |                                            |                                         |                      | (Colum                              | n 2)                            |          | SMALL<br>TYPE         | EN   |                        | OR    | OTHER SMALL E    |                        |
| TOTAL CLAIMS                       |                                                                                                                                                                                                                                                                  |                                            |                                         |                      |                                     |                                 |          | RATE                  |      | FEE                    |       | RATE             | FEE                    |
| FOR                                |                                                                                                                                                                                                                                                                  |                                            | · NUMBER FILED                          |                      | NUMBER EXTRA                        |                                 |          | Basic F               | EE.  | 经化                     | OR    | BASIC FEE        | 710.00                 |
| TOTAL CHARGEABLE CLAIMS            |                                                                                                                                                                                                                                                                  |                                            | 20 minus 20=                            |                      | •                                   |                                 |          | X\$ 9:                |      |                        | OR    | X\$18=           |                        |
| INDEPENDENT CLAIMS                 |                                                                                                                                                                                                                                                                  |                                            | minus 3 =                               |                      | <u> </u>                            |                                 |          | X40=                  |      |                        | OR    | X80=             |                        |
| MUL                                | TIPLE DEPENDI                                                                                                                                                                                                                                                    | ENT CLAIM P                                | resent                                  |                      |                                     |                                 |          | +135                  | =    |                        | ОЯ    | +270=.           |                        |
| • If th                            | ne difference in                                                                                                                                                                                                                                                 | column 1 is                                | less than zero                          | r "O" in co          | or in column 2                      |                                 | TOTA     |                       | 430  | OR                     | TOTAL |                  |                        |
| CLAIMS AS AMENDED - PART II        |                                                                                                                                                                                                                                                                  |                                            |                                         |                      |                                     |                                 |          |                       |      |                        | OR    | OTHER<br>SMALL E | . 1                    |
| πĀ                                 |                                                                                                                                                                                                                                                                  | (Column 1)<br>CLAIMS<br>REMAINING<br>AFTER |                                         | HIGH<br>NUM<br>PREVI | (EST<br>IBER<br>OUSLY               | PRESENT<br>EXTRA                | <b>ו</b> | RATI                  | Ŧ    | ADDI-<br>TIONAL<br>FEE |       | RATE             | ADDI-<br>TIONAL<br>FEE |
| AMENDMENT                          | Total                                                                                                                                                                                                                                                            | AMENDMENT 2                                | Minus :                                 |                      | FOR                                 | •                               | V        | X\$ 9                 |      |                        | OR    | X\$18=           |                        |
| MEN                                | independent •                                                                                                                                                                                                                                                    |                                            | Minus                                   | •••                  | 3.                                  | 8                               | 4        | X40                   |      | 1                      | OR    | X80=/            |                        |
|                                    | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM                                                                                                                                                                                                                   |                                            |                                         |                      |                                     |                                 |          | +135                  | _    | 7                      | OR    | +270=            |                        |
|                                    | , ,                                                                                                                                                                                                                                                              |                                            |                                         |                      |                                     |                                 | ·.       | ADDIT.                | Æ    | /                      | OR    | ADDIT. FEE       |                        |
| 1                                  | 23/06                                                                                                                                                                                                                                                            | (Column 1)                                 | ~{\$.; <b>*</b> :••                     | (Colt                |                                     | (Column 3                       | <u>)</u> | <b>ADDIL</b> 1        | CC I | 1                      |       |                  |                        |
| IT B                               |                                                                                                                                                                                                                                                                  | CLAIMS<br>REMAINING<br>AFTER               |                                         | NU                   | MEST<br>MBER<br>NOUSLY<br>D FOR     | PRESENT<br>EXTRA                |          | RAT                   | E    | ADDI-<br>TIONAL<br>FEE |       | RATE             | ADDI-<br>TIONAL<br>FEE |
| AMENDMENT B                        | Total                                                                                                                                                                                                                                                            |                                            | Minus                                   | •• (                 | 20                                  | •                               | 1        | 35.0<br><b>X\$</b> .0 | 10   |                        | OR    | 50.00<br>X\$18=  |                        |
| MEN                                | Independent                                                                                                                                                                                                                                                      | . /                                        | Minus                                   | 444                  | 3 -                                 | •0                              | ]        | (QQ+6                 | कु   | X                      | OR    | 200.0v           |                        |
|                                    | FIRST PRESEN                                                                                                                                                                                                                                                     | VITATION OF I                              | AULTIPLE DEP                            | ENDE                 | VT CLAIM                            |                                 | ل        | +13!                  | /    |                        | OR    | +270=            |                        |
|                                    |                                                                                                                                                                                                                                                                  |                                            |                                         |                      |                                     |                                 |          | ADDIT.                | TAL  |                        | OR    | ADDIT, FEI       |                        |
| . (Column 1) (Column 2) (Column 3) |                                                                                                                                                                                                                                                                  |                                            |                                         |                      |                                     |                                 |          |                       |      |                        | _ \   |                  |                        |
| NTC                                |                                                                                                                                                                                                                                                                  | CLAIMS<br>REMAINING<br>. AFTER<br>AMENDMEN |                                         | HK<br>NU<br>PRE      | SHEST<br>IMBER<br>VIOUSLY<br>ID FOR | PRESENT<br>EXTRA                | 7        | RAT                   | E    | ADDI-<br>TIONAL<br>FEE |       | RATE             | ADDI-<br>TIONAL<br>FEE |
| OME                                | Total                                                                                                                                                                                                                                                            | •                                          | Minus                                   | **                   |                                     | •                               |          | XS                    | 9=   |                        | OR    | X\$18=           |                        |
| AMENDMENT                          | Independent                                                                                                                                                                                                                                                      | ·                                          | Minus                                   | •••                  |                                     | -                               | 4        | X4                    | )=   |                        | OF    | X80=             |                        |
| Ľ                                  | FIRST PRESE                                                                                                                                                                                                                                                      | NTATION OF                                 | MULTIPLE DE                             | PENDE                | NT CLAIM                            |                                 |          | +13                   | 5=   |                        | OF    | +270=            |                        |
| .                                  | If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  If the "Highest Number Previously Paid For In THIS SPACE is less than 20, enter "20."  If the "Highest Number Previously Paid For In THIS SPACE is less than 21, enter "3." |                                            |                                         |                      |                                     |                                 |          |                       |      |                        |       | ADDIT. FE        | E                      |
|                                    | If the Trighest Nu<br>"If the Trighest Nu<br>The Trighest Nur                                                                                                                                                                                                    | imper Previously<br>imber Previously       | y Paid For IN TH<br>y Paid For (Total o | IS SPAI              | E is less the                       | ian 3, enter "<br>ne highest nu | mber     | ADDIT.                |      |                        | ox in |                  |                        |

**Application or Docket Number**